

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43106

State File No.

FILED NOV 22 1957

BIRTH NO.		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>2740</u>	
1. PLACE OF DEATH a. COUNTY <u>St Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Normandy</u>		c. LENGTH OF STAY (in this place) <u>30 days</u>		c. CITY OR TOWN <u>Pagedale 4291</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Normandy Osteopathic Hosp</u>				e. STREET ADDRESS (If rural, give location) <u>1326 G Regan Rl.</u>			
3. NAME OF DECEASED (Type or Print) <u>Isabella</u>		b. (Middle) <u>Sprout</u>		c. (Last) <u>Sprout</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11 3 57</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>4/6/75</u>	
9. AGE (In years last birthday) <u>81</u>		10. IF UNDER 1 YEAR Months Days Hours Min.		11. BIRTHPLACE (City, State or Foreign Country) <u>Belfast Ireland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>		13a. FATHER'S NAME <u>Thomas Minnis</u>		13b. FATHER'S MAIDEN NAME <u>Isabella Walsh</u>	
13c. NAME OF HUSBAND OR WIFE <u>Archibald Sprout</u>		14. NAME OF HUSBAND OR WIFE <u>Archibald Sprout</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Amel Grace 12/31 Ruckner</u>		18. ADDRESS <u>153 x</u>		19. MEDICAL CERTIFICATION DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Adenocarcinoma of ascending colon</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Obstruction</u> DUE TO (c) <u>153 x</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>30 days</u>	
19a. DATE OF OPERATION <u>10/4/57</u>		19b. MAJOR FINDINGS OF OPERATION <u>ca of asc colon, slow, stomach lining, pancreas.</u>				20. AUTOPSY? <u>1</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>10/2</u> , 19 <u>57</u> , to <u>10/3/57</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>10/3</u> , 19 <u>57</u> , and that death occurred at <u>9:30 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Deputy or title) <u>M. M. Wittner, M.D.</u>				23b. ADDRESS <u>6850 1st Ave</u>		23c. DATE SIGNED <u>11/4/57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>11-6-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Forest Lawn Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Los Angeles California</u>	
DATE REC'D BY LOCAL REG. <u>11-4-57</u>		REGISTRAR'S SIGNATURE <u>Herbert K. Doncke M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. Clark F.H. 1125 Hodiament Ave.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Alfred J. Broecker
Licensed Embalmer No. 2663

P. O. Address 1257 *Holtman*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.